

Assumption of Tax Liability/Request for Tax Clearance Certificate Supplemental Information

CALIFORNIA FORM

3555

| | | |
|------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------|
| CORPORATE NAME | | CALIFORNIA CORPORATION NUMBER |
| Date taxpayer ceased or will cease to do business in California: | Latest income period for which a California return has been filed: | |

The Franchise Tax Board will issue a Tax Clearance Certificate when all taxes have been paid or secured.

Please indicate the status of ANY IRS activity:

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Has the IRS redetermined the corporation's income tax liability for any prior year(s) which has not previously been reported to California? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please furnish a copy of the Revenue Agent's Report.</i> | Is the IRS currently examining the corporation or has the corporation been notified of a pending examination? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please indicate the years involved:</i> Current Examination: _____ Pending Examination: _____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**COMPLETE PAGES 2 AND 3 OF THIS FORM FOR AN INDIVIDUAL ASSUMPTION OF TAX LIABILITY.
COMPLETE PAGE 4 FOR A CORPORATION ASSUMPTION OF TAX LIABILITY.**

If the Tax Clearance Certificate is to be issued on a taxes paid basis, please check this box. ☐

Supplemental Information. Please furnish the following information if the business carried on in California will be continued by another corporation after the taxpayer's dissolution or withdrawal.

| | |
|---------------------------------|---------------------------------------------------------------------------------------------------------|
| NAME OF TRANSFEREE | CALIFORNIA CORPORATION NUMBER OF TRANSFEREE |
| ACCOUNTING PERIOD OF TRANSFEREE | Section of the Internal Revenue Code applicable to the Transfer of Taxpayer's Business or assets: _____ |

If the Tax Clearance Certificate is to be mailed to someone other than the Corporation listed above, please complete the following: *(A copy of the Tax Clearance Certificate will be sent to the Secretary of State.)*

| |
|---------|
| NAME |
| ADDRESS |
| |
| |

When dissolving a CALIFORNIA DOMESTIC STOCK CORPORATION mail completed form to:

**Secretary of State
1230 J Street
Sacramento, CA 95814-2974**

When dissolving a CALIFORNIA DOMESTIC NONPROFIT CORPORATION, surrendering a FOREIGN CORPORATION or merging CORPORATION mail completed form to:

**Franchise Tax Board
ATTN: Tax Clearance Unit
P.O. Box 1468
Sacramento, CA 95812-1468**

For more information concerning this form, telephone the Franchise Tax Board (916) 845-4124.

INDIVIDUAL ASSUMPTION OF TAX LIABILITY

| | |
|----------------|-------------------------------|
| CORPORATE NAME | CALIFORNIA CORPORATION NUMBER |
|----------------|-------------------------------|

I unconditionally agree to file or cause to be filed with the Franchise Tax Board, under the provisions of the Bank and Corporation Tax Law, such returns and data that may be required and to pay in full all accrued or accruing liabilities for tax, penalty and/or interest and fees due from the above corporation.

My net worth (assets minus liabilities) is not less than: \$ _____ .

(A detailed financial statement, PAGE 3, is required.)

| | |
|--------------------------------------------------------------|---------------------|
| NAME OF INDIVIDUAL ASSUMER: (Must be resident of California) | SOCIAL SECURITY NO. |
|--------------------------------------------------------------|---------------------|

| |
|---------|
| ADDRESS |
| |
| |

| | |
|------|-----------|
| DATE | SIGNATURE |
|------|-----------|

FOR PRIVACY ACT NOTICE, SEE FORM FTB 1131.

FOR INFORMATION CONCERNING COMPLETION OF THIS PAGE, PHONE (916) 845-4124

| STATEMENT OF ASSETS AND LIABILITIES | | | |
|-------------------------------------|------------------|----------------------------|--------------------|
| ITEM | PRESENT VALUE | LIABILITIES BALANCE DUE | EQUITY IN ASSET |
| CASH | | | |
| BANK ACCOUNTS | | | |
| STOCKS AND BONDS | | | |
| CASH OR LOAN VALUE OF INSURANCE | | | |
| HOUSEHOLD FURNITURE | | | |
| REAL PROPERTY | | | |
| VEHICLES | | | |
| OTHER ASSETS (Describe) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| FEDERAL TAXES OUTSTANDING | | | |
| LOANS | | | |
| OTHER (Include judgements) | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | \$ |

| Net Annual Income | Source (Name of Business or Employer) |
|-------------------|---------------------------------------|
| | |

Description and license number of each vehicle

Stocks and Bonds (Name of company, number of shares, etc.)

Real Property (Brief descriptions and locations)

I certify that the above data is correct to the best of my knowledge.

Assumer's Name _____

Assumer's Address _____

Signature _____ Date _____

CORPORATION ASSUMPTION OF TAX LIABILITY

The Assumption of Tax Liability

of (1) _____)
_____)
A corporation) _____
Corporate No.
by (2) _____)
_____)
A corporation) _____
Corporate No.

incorporated or qualified to do business within the State of California, unconditionally agrees to file with the Franchise Tax Board all returns and data that is required and unconditionally agrees to pay in full all tax liabilities, penalties, interest and fees of (1) _____

_____ ;

(2) _____
Exact Corporate Name

Signature and Title of Officer

STATE OF _____)
_____) ss.
COUNTY OF _____)

On this _____ of _____, _____,
(Day) (Month) (Year)

before me _____,
(Name and Title of Officer)

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who executed the within instrument as president (or secretary) or on behalf of the corporation therein named and acknowledged to me that the corporation executed it.

Signature and Title of Officer

Notary Public

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